	State of Nebraska Investigator's Motor Vel	nicle Accident Report Sheet 1 of 1
2	District 70	Agency B3-115169 HIT & RUN? NO. B3-115169
A1 Ol A2	ACCIDENT 1 2 1 4 2 0 1 3 0 0	TH F S TIME OF ACCIDENT 1 4 4 5 POLICE NOTIFIED 1 5 0 1 LATITUDE
28 F	PLACE OF ACCIDENT CITY LINCOLN, ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. S. 13TH/C TO D	PRIVATE YES NO PROPERTY? ONE-WAY YES NO STREET? ONE-WAY ONE NO STREET?
	DISTANCE FROM MILEPOST N S E W OF MILEPOST	HIGHWAY NO. SHOULD LOCATION HAVE ENGINEERING STUDY?
0	IF AT INTERSECTION NAME OF INTERSECTING ROADWAY FEE	IF NOT AT INTERSECTION YES NO TO MILES N S E W OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
VI/M		
01 V2M 0	MILES N S E W AND NIES N S OUTSIDE CITY LIMIT	S, INDICATE DISTANCE FROM NEAREST TOWN B E W OF NEAREST CITY OR TOWN
5	ZONE CODES CODES CLASSIFICATION CODES	S3 S4 S5-a S5-b S6-a S6-b CONTINUATION FORMS ATTACHED (Fill in all that apply) NONE TRUCK & BUS CONTINUATION
8	DRIVER NO. H 1 2 1 1 3 6 2 4	STATE (Of License) NE SEX FEMALE MALE
VIAN	DRIVER Bridgitte M. Probert	PHONE (402)499 -5695 LOCAL NO.
V2/N	DRIVER ADDRESS 1720 Fletcher # 27 LINCOLN	NE 68521 DATE OF 07/12/1976 VI/1
[]	Same as Driver	PHONE LOCAL NO.
4	OWNER ADDRESS CITY, STATE, ZIP	CITATION YES CITATION NO. PENDING NO
5	LICENSE NO. H 1 2 1 1 3 6 2 4	YEAR (Plate Expires) 7 0 1 4 (Of Plate) N E
V1/O	2012 11401012 4.1312	White \$ 3500.00
3 v2/0	NO. (VIM) 3 N T E D T A C X C H 3	45009 STare Farm
5	WAGNES SOUTH CAPITOL	100 1270 - BOB - 27A VIVE
	DRIVER LICENSE NO.	STATE (Of License) SEX FEMALE MALE
V1/P	HER ONIVER DRIVER ADDRESS CITY, STATE, ZIP	() – V2/1
8	OWNER	DATE OF
01	OWNER ADDRESS CITY, STATE, ZIP	CITATION YES CITATION NO. V23
V1/Q	LICENSE PLATE NO.	YEAR (Plate Expires) (CI Plate) V2/4
V2/Q	VEHICLE YEAR MAKE MODEL	BODY STYLE COLOR ESTIMATED DAMAGE \$ V2/5
<u>Ч</u>	VEHICLE ID NO. (VIM)	INSURANCE COMPANY V2/6
01	TOWED TO TOWED BY	33
	Complete this section for all injured perso (Complete a continuation report, if more than three were injured ADDRESS	ONS DATE OF BIRTH (MM / DD / YYYY) Deat Seat Seat
VEH. #		
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		ACES DIS FORM 40, JAN 88

	THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS							
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